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DLN: 93493229004258

2017

OMB No 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Open to Public

Department of the Treasury

Form **990**

Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www. IRS gov/form990

nterna	l Reve	enue Service	P Imormation about	Troini 990 and its matractions is at www	W INS GOV	101111220		Inspection				
A F	or th	e 2017 c	alendar year, or tax year begin	ning 01-01-2017 , and ending 12-3	31-2017							
		pplicable	C Name of organization Independent Women's Forum			D Employ	er identif	ication number				
☐ Ad ☐ Na		change				54-167	0627					
☐ Ini		-	Doing business as									
		n/terminated	E Tolophono number									
		d return on pending	Number and street (or P O box if mail is not delivered to street address) Room/suite									
— лр	piicaci	on penang	City or town, state or province, coun	try, and ZIP or foreign postal code		(202) 8	37-3201					
			Washington, DC 20006			G Gross re	ceipts \$ 2	,354,751				
			F Name and address of principal	officer	H(a) Is	this a group re	turn for					
			CARRIE LUKAS 1875 I St NW		SI	ubordinates?		□Yes ☑No				
			Washington, DC 20006			re all subordinat icluded?	es	☐ Yes ☐No				
[Ta:	x-exe	mpt status	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no) 4947(a)(1) or 527		"No," attach a l	ıst (see	instructions)				
J W	ebsit	te:► ww	w ıwf org		H(c) G	roup exemption	number	>				
					1 V		M Charles	-fland daminia DC				
K Forr	n of o	rganızatıon	Corporation Trust Associ	ciation L Other >	L Year of 1	formation 1992	M State	of legal domicile DC				
Pa	rt I	Sum	marv									
		Briefly des	cribe the organization's mission or									
a.				PROCESS, EDUCATE THEM ABOUT THE OLICIES THAT EMPOWER INDIVIDUALS		PUBLIC POLICI	ES ON TI	HEIR LIVES AND				
ဋ	-	OOK ECON	TOPH, AND BOILD SOFF ON FORT	OLICIES THAT EIM OWEN INDIVIDUALS	,							
Ē	-											
9 0	ੑ	Charle the	a hay b	continued its operations or disposed of	mara than	DEO/ of its not a	coots					
5				g body (Part VI, line 1a)			3	8				
Activities & Governance	l			the governing body (Part VI, line 1b)			4	8				
A Lie	5	Total nun	nber of individuals employed in cal	endar year 2017 (Part V, line 2a) .			5	19				
5	6	Total nun	6	8								
⋖	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	0				
	b	Net unrel	ated business taxable income from	Form 990-T, line 34			7b					
						Prior Year		Current Year				
<u>Qı</u>	8	Contribut	ions and grants (Part VIII, line 1h)			2,950,	987	2,074,542				
Ravenue	9	Program	service revenue (Part VIII, line 2g)				(
Α̈́ς	l		nt income (Part VIII, column (A),	· · ·			-444					
	l		renue (Part VIII, column (A), lines	•			573	109,098				
	_			st equal Part VIII, column (A), line 12)		2,954,2	216	2,183,643				
	l		nd similar amounts paid (Part IX, c			(
	l		, ,	olumn (A), line 4)		001	241	1 000 400				
Ses	l		nal fundraising fees (Part IX, colur	nefits (Part IX, column (A), lines 5–10)		881,0	J41	1,090,488				
Expenses			raising expenses (Part IX, column (D), lii				_					
Ä	l		penses (Part IX, column (A), lines	· — ·		3,429,8	825	1,115,646				
	l		enses Add lines 13-17 (must equ	•		4,310,8		2,206,134				
	l	•	·	m line 12		-1,356,0		-22,491				
<u>ک ۵</u>					Begini	ning of Current Y		End of Year				
Net Assets or Fund Balances												
Bal	l		ets (Part X, line 16)			1,576,		1,439,051				
	l		ilities (Part X, line 26)			2,350,:		2,234,958				
			s or fund balances Subtract line 2	1 from line 20		-773,4	416	-795,907				
	t II		ature Block errury I declare that I have exami	ned this return, including accompanying	n schedules	and statement	s and to	the best of my				
know	edge	and belie		Declaration of preparer (other than off								
any k	nowle	edge										
		*****				2018-08-17						
Sign		Signati	ure of officer			Date						
Here	:		LUKAS SECRETARY									
			r print name and title	T								
			rint/Type preparer's name OUGLAS S COREY CPA		Date 2018-08-17		PTIN P00635040	0				
Paid		-				self-employed Firm's EIN ▶						
Pre		[ੁ] ਾ	ırm's name ▶ Douglas Corey & Associ ırm's address ▶ 10201 Faırfax Blvd Suiti			Phone no (703)	354-2900					
Use	On	ily	Fairfax, VA 22030				23, 2300					
VI +	he T) C diaa::		rn above? (see instructions)		I	. [7]	 ∕es □No				
чay t	ne IR	co discuss	uns return with the preparer show	mapover (see instructions)			_ \	res ∟INO				

Form	990 (2	017)					Page 2						
Par	t III	Statement of	Program Servic	e Accomplis	hments								
		Check if Schedul	le O contains a respo	nse or note to a	any line in this Part III		<u> </u>						
1	Briefly	describe the orga	anızatıon's mıssıon										
Enga	ge more	e individuals in the	e civic process,										
2	Dıd th	e organization un	dertake any significa	nt program ser	vices during the year wh	nich were not listed on							
	the pr	🗌 Yes 🗹 No											
	If "Yes	s," describe these	new services on Sch	edule O									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program												
	service	☐ Yes 🗹 No											
	If "Yes	s," describe these	changes on Schedul	e O									
4	Sectio	n 501(c)(3) and 5		ns are required	to report the amount of	largest program services, as measu f grants and allocations to others, t							
4a	(Code) (Expenses \$	1,528,349	ıncludıng grants of \$) (Revenue \$)						
	See Ad	ditional Data											
4b	(Code) (Expenses \$	297,014	ıncludıng grants of \$) (Revenue \$)						
	See Ad	ditional Data											
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)						
	-												
4d	Other	program con "con	(Describe in Schedu	ulo O)									
+u			•	uding grants of	.) (Revenue \$	١						
	(Expe	nses \$	IIICI	uullig grants or	D) (Revenue \$)						

Page 3

No

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Νo

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No

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Nο

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Yes

Yes

Yes

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18

19

Yes

Yes

2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 😼 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5

to provide advice on the distribution or investment of amounts in such funds or accounts?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?

R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X 🕏 12a

12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

12a Did the organization obtain separate, independent audited financial statements for the tax year? b Was the organization included in consolidated, independent audited financial statements for the tax year?

13 14a

13 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

business, investment, and program service activities outside the United States, or aggregate foreign investments 14h

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16

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Par	Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	.0a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	юь		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and	.4a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			

Page 4

No

Nο

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Nο

No

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28b

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35h

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Yes

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23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2017)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V \ldots			
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1b	1		
		-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		NO
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		
- Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		110
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	- ''-		NO
y	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form			
	1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_	Did the second control of the second control	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation foce and contributions included an Part VIII. June 13			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders	1		
ט	against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	but the digamization receive any payments for industrial transfer at the tax year.			

OIIII	390 (2017)			Page u
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	ines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management		• •	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		e.)	110
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
	AL , AR , AK , CA , CO , CT , FL , GA , IL , , MA , MI , MN , MS , HI , NH , NJ , NM , N , OR , PA , RI , SC , TN , UT , VA , WA , W	NY, NC		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.	_,		
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records PETER LIPS 1875 I St NW Washington, DC 20006 (540) 888-4752			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee" • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization no	r any related o	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours	Position than on	on (de one be	(C) o no ox, u n of) t cho unles ficer	eck moss ss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) HEATHER R HIGGINS Chairman of the Board	5 00	x						0	0	0	
(2) YVONNE S BOICE Director	1 00	х						0	0	0	
(3) GIOVANNA CUGNASCA Director	1 00	Х						0	0	0	
(4) NAN HAYWORTH Director	1 00	х						0	0	0	
(5) ADELE MALPASS Director	1 00	Х						0	0	0	
(6) LARRY KUDLOW Director	1 00	х						0	0	0	
(7) ABBY MOFFAT Director	1 00	Х						0	0	0	
(8) MYLES POLLIN Director	1 00	Х						0	0	0	
(9) CARRIE LUKAS Secretary	40 00			x	x	×		118,003	0	0	
(10) PETER LIPS Treasurer	20 00			х				36,500	0	0	
(11) AMBER SCHWARTZ Executive Vice President	40 00				х	Х		165,083	0	0	

Form 990 (2017) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C)

(D)

(F)

(C)

Compensation

Form **990** (2017)

129,335

137,908

Description of services

Research

Legal Fellow

Name and Title Average hours per week (list any hours for related			ne bo	ox, u n off or/ti	t che inles ficer	eck moss pers and a ee)	on	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1033-MI2C)	2/1099-MISC)	organization and related organizations
	_									
1b Sub-Total						•				
c Total from continuation sheets to Pa	•					▶ [
d Total (add lines 1b and 1c)						>		319,586		
2 Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	∍) who	rece	eived more than \$10	00,000	

_ d 7	otal (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

d	Total (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 2			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

individual .

4 Yes Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

services rendered to the organization? If "Yes," complete Schedule J for such person . 5

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Nο

Section B. Independent Contractors

(B)

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address

compensation from the organization ▶ 2

53 White Oak Drive Prospect, CT 06712 Erin Hawley

5215 E Highway 163 Columbia, MO 65201

Campion Research and Consulting

(B)

	Check if Schedule O contains	a respo	onse or note to any	line in this Part VIII			\square
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
. s	1a Federated campaigns	1a		l	revende		312 311
ants	b Membership dues	1 b					
בים בים בים	c Fundraising events	1c					
ا الآ الآ	d Related organizations	1d					
5 🖺	e Government grants (contributions)	1e					
continuations, cities, citatis and Other Similar Amounts	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,074,542				
	g Noncash contributions included in lines 1a-1f \$						
and	h Total.Add lines 1a-1f	. .	•	2,074,542			
1	2a						
45 V	b —	_					
32	c —	_					
<u>\$</u>	d	_					
an	e						
Program Service Revenue	f All other program service revenue	9		I	l		I
<u>~</u>	9Total. Add lines 2a-2f		<u> </u>	-		T	
	3 Investment income (including divided similar amounts)	lends, ı •	nterest, and other	.┃	3		
	4 Income from investment of tax-exe		ond proceeds				
	5 Royalties		•				
	(ı) Rea	ıl	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or			-			
	(loss)			_			
	d Net rental income or (loss)						
	7a Gross amount	ties	(II) Other	_			
	from sales of assets other than inventory						
	b Less cost or other basis and sales expenses			1			
	C Gain or (loss) d Net gain or (loss)		•	<u> </u> 			
Other Revenue	8a Gross income from fundraising ev (not including \$	of	,				
रु	See Part IV, line 18		279,528	-			
œ	b Less direct expenses		171,108	108,42			108,42
the	c Net income or (loss) from fundrai9a Gross income from gaming activit		ents •	100,42			100,42
ŏ	See Part IV, line 19	i					
	b Land double comment	a		_			
	b Less direct expensesc Net income or (loss) from gaming	b activit	les	_			
:	10a Gross sales of inventory, less						
	returns and allowances	-1					
	b Less cost of goods sold	a b		_			
	c Net income or (loss) from sales of						
ŀ	Miscellaneous Revenue	11170110	Business Code				
	11aOther Income		900009	678	678	3	
	b						
	c						
	d All other revenue e Total. Add lines 11a-11d		<u> </u>				
	12 Total revenue. See Instructions			678	8		
	The state of the s	· ·		2,183,64	3 678	3	108,42

Form 990 (2017)					Page 10
Part IX Statement of Functional Ex Section 501(c)(3) and 501(c)(4) organizations in	nust complete all co	-	anizations must comp	olete column (A)	
Check if Schedule O contains a respe	onse or note to any	line in this Part IX	<u></u>		<u> ⊔</u>
Do not include amounts reported on lines 67b, 8b, 9b, and 10b of Part VIII.	5b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic or domestic governments See Part IV, line 21					
2 Grants and other assistance to domestic inc IV, line 22	dividuals See Part				
3 Grants and other assistance to foreign orga governments, and foreign individuals See and 16	, - ,				
4 Benefits paid to or for members					
5 Compensation of current officers, directors, key employees	trustees, and	283,086	242,801	35,383	4,902
6 Compensation not included above, to disquidefined under section 4958(f)(1)) and pers section 4958(c)(3)(B)					
7 Other salaries and wages		724,715	565,786	97,673	61,256
8 Pension plan accruals and contributions (inc. (k) and 403(b) employer contributions) .					
9 Other employee benefits	[11,576	8,569	2,004	1,003
10 Payroll taxes	[71,111	56,645	9,895	4,571

16,750

140,917

17,812

514,570

20,599

1,295

5,963

83,600

7,172

31,417

2,806

2,784

49,006

124,732

1,397

18,841

75,985

2,206,134

16,750

140,917

479,064

8,135

1,295

4,716

73,697

110

2,148

49,006

106,401

17,824

51,499

1,825,363

0

0

0

0

0

26,189

8,912

0

282

4,748

6,250

0

219

17,409

1,397

11,761

148,909

Form 990 (2017)

10

0

0

0

17,812

9,317

3,552

0

965

5,155

812

439

2,784

0

922

1,007

12,725

231,862

0

31,417

11 Fees for services (non-employees)

a Management

12 Advertising and promotion . . .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization

a Active engagement/market evaluation

18 Payments of travel or entertainment expenses for any federal, state, or local public officials •

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation
 Check here ► ☐ if following SOP 98-2 (ASC 958-720)

g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)

b Legal .

c Accounting .

13 Office expenses . .

14 Information technology

20 Interest

23 Insurance . .

c Direct mail

21 Payments to affiliates . . .

expenses on Schedule O)

b Events (non-fundraising)

d Dues and subscriptions

e All other expenses

15 Royalties .

17 Travel .

16 Occupancy .

11

12

13

14

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16

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18

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total assets.Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightleftarrows and

11 12

13

14

15

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17

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22 23

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27

28

29

30

31

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33

34

1,576,781

2.005.237

2,350,197

-990,270

216.854

-773,416

1.576.781

344.960

Page **11**

1,387,743

1,439,051

259,958

1.975.000

2,234,958

-795.907

-795,907

1.439.051

Form **990** (2017)

		Beginning of year		End of year
1	Cash-non-interest-bearing	1,564,137	1	1,
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable net		7	

Pledges and grants receivable, net . 135 4 36 181 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . .

Assets 7 Notes and loans receivable, net . Inventories for sale or use . 8

8,336 Prepaid expenses and deferred charges 9 12,459 10a Land, buildings, and equipment cost or other 20,681 10a basis Complete Part VI of Schedule D 18,013 10b 4.173 10c 2,668 Less accumulated depreciation

Investments—publicly traded securities . Investments—other securities See Part IV, line 11 . Investments—program-related See Part IV, line 11

Check if Schedule O contains a response or note to any line in this Part IX

2c

3a

3b

Yes

Nο

Form 990 (2017)

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID: 17005306 **Software Version:**

EIN: 54-1670627

Name: Independent Women's Forum

Form 990 (2017)

Form 990, Part III, Line 4a:

DOMESTIC POLICY AND ECONOMICS - IWF EXAMINES THE IMPACT OF POLICIES - SUCH AS OUR TAX CODE, REGULATORY SYSTEM, NATIONAL BUDGET, HEALTH CARE LAWS AND EDUCATION SYSTEM - ON AMERICAN FAMILIES AND THE ECONOMY

Form 990, Part III, Line 4b:

EDUCATION, COMMUNICATION, AND EARNED MEDIA - IWF PROMOTES THE WORK OF OUR SCHOLARS AND SPOKESWOMEN, BRINGING THEIR MESSAGE TO AUDIENCE THROUGH PRINT PUBLICATIONS. TELEVISION, RADIO, THE INTERNET AND SOCIAL MEDIA PLATFORMS. IWE ALSO DEVELOPS EDUCATIONAL MATERIALS TO HELP BUILD.

AMOUNG THE PUBLIC GREATER UNDERSTANDING OF ECONOMIC FACTS AND PRINCIPLES

efil	e GR	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9:	3493229004258
	m 99	OULE A	Con		Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) o empt charitable	organization or trust.	ort	2017
		f the Treasury	► Inf	ormation abou	it Schedule A (Form	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection
Nam	e of th	nue Service he organiza			www.ms.g	<u>, 101111330</u> 1		Employer identific	<u> </u>
ınaep	endent	Women's Foru	n					54-1670627	
	rt I				us (All organization : it is (For lines 1 thro			See instructions.	
1 1	organiz		•		•	-		/A\/:\	
_		•		·	sociation of churches				
2					1)(A)(ii). (Attach Sch	•	• •		
3		·	•	·	vice organization desc			•	
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operate (iv). (Comple		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7	✓			mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in
8					170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fun unrelated busin	(1) more than 331/39 octions—subject to cer ess taxable income (learn)	taın exceptions,	and (2) no more	than 331/3% of its su	
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12		more public	ly supported:	organizations of	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(a</mark>	
а		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting on t of the sup	rganization sup porting organiza	ervised or controlled i				
c		Type III f	unctionally		and C. supporting organizatio ons) You must com				ted with, its
d		Type III n	on-function integrated	ally integrate The organizatio	d. A supporting organ n generally must satis t IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the org	anızatıon receiv	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			ion-functionally I organizations	integrated supporting	organization			
g				_	ipported organization(s)			
		Name of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota		araula Dli -	bian A-t N-1		nstructions for	Cat No 11285	<u> </u>	 Schedule A (Form 9	200 57) 2017

14

Schedule A (Form 990 or 990-EZ) 2017

84 970 %

74 140 %

▶ 🗸

▶□

Page 2

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	occion Ai i abiic bapporc						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶		. ,		· ,	` '	
1	Gifts, grants, contributions, and	660 434	1 102 022	1 277 522	3.050.007	2 074 542	8,247,318
	membership fees received (Do not	660,434	1,183,823	1,377,532	2,950,987	2,074,542	8,247,318
_	include any "unusual grant ")				+		
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	660,434	1,183,823	1,377,532	2,950,987	2,074,542	8,247,318
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						1,193,289
	line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						7.054.030
	line 4						7,054,029
- 5	Section B. Total Support	•	•			•	
	Calendar year	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
	(or fiscal year beginning in) ▶	(4)2013	(6)2014	(0)2013	(4)2010	(0)2017	
7	Amounts from line 4	660,434	1,183,823	1,377,532	2,950,987	2,074,542	8,247,318
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties and						0
	income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
-0	or loss from the sale of capital	48,744	25,822	-23,692	3,229	681	54,784
	assets (Explain in Part VI)	,	,	25,552	5,223	301	2.,,01
11	Total support. Add lines 7 through						
-1	10						8,302,102
12		etc (see instruction		I		12	
	,	•	,	1.6 11 661			
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3) or <u>ga</u> r	nization,

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14

organization

instructions

supported organization

17a 10%-facts-and-circumstances test-2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization gualifies as a publicly

16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

20

Р	Support Schedule for					d	dan Dank II. IS
	(Complete only if you c the organization fails to						der Part II. If
-	-	quality under t	ne tests listed	below, please co	ompiete Part II.)	
36	ection A. Public Support Calendar year	-	Γ	I	T	Ι	1
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
L	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(4) 2010	(5) 2011	(0, 2023	(4) 2010	(0) 201/	(1) 10141
9	Amounts from line 6						
L0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)						
13							
13	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, t	hird, fourth, or fift	:h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here	-			ŕ		▶ □
	•	Support Borco	ntago				<u> </u>
	ection C. Computation of Public S Public support percentage for 2017 (lin			column (f))		15	
15				Column (1))		15	0
16	Public support percentage from 2016 S	-				16	
Se	ection D. Computation of Investi						
17	Investment income percentage for 201	. 7 (line 10c, colur	mn (f) divided by	line 13, column (f	f))	17	0
18	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18	
	331/3% support tests—2017. If the			on line 14, and lir	ne 15 is more than		ne 17 is not
	more than 33 1/3%, check this box and	=					▶□
	== =, =, eneck time bek und t						· —

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

ightharpoons

Page 4

5b

5c

6

7

8

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

organization's organizing document?

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

6

7

8

10a

answer line 10b below

_			
		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,		
	describe the decignation. If historic and continuing relationship, explain	 	├

describe the designation If historic and continuing relationship, explain	1	Ι
Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
ın section 509(a)(1) or (2)	2	Ι

	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
_			$\overline{}$

	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
•	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(R) numbers?		

	below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination			
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	f "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		·	
	checked 12a or 12b in Part I, answer (b) and (c) below			

	determination	3b	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	rensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? Part VI what controls the organization put in place to ensure such use organization not organized in the United States ("foreign supported organization")? If "Yes" and if you in Part I, answer (b) and (c) below to have ultimate control and discretion in deciding whether to make grants to the foreign supported so," describe in Part VI how the organization had such control and discretion despite being controlled or connection with its supported organizations in support any foreign supported organization that does not have an IRS determination under sections		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			
	501(c)(3) and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support		1	

		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported	etion in deciding whether to make grants to the foreign supported organization had such control and discretion despite being controlled or ganizations organization that does not have an IRS determination under sections Part VI what controls the organization used to ensure that all support usively for section 170(c)(2)(B) purposes supported organizations during the tax year? If "Yes," answer (b) and to VI, including (i) the names and EIN numbers of the supported the reasons for each such action, (iii) the authority under the		
	supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support			
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the			
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	<u> </u>	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			

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defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"
provide detail in Part VI.
                                                                                                                               9a
```

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
organization had an interest? If "Yes," provide detail in Part VI.
                                                                                                                                 9b
```

	leddie A (10111 990 01 990-LZ) 2017			age 3
Pa	Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	Section B. Type I Supporting Organizations			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in P VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	art		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
	Carting C. Tong II Comparing Operations			
3	Section C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	s of	103	
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	ın		
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in organization's investment policies and in directing the use of the organization's income or assets at all times during the year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
_	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions)		
_	a The organization satisfied the Activities Test Complete line 2 below	,		
	b The organization is the parent of each of its supported organizations Complete line 3 below			
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity is	see instru	ctions)	
			,	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	ed 2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization involvement	′s 2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard</i>	3b		

Page **6**

Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting O	_		Doub VII Coo
-	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	tegrat	ed Type III supporting or	ganization (see

Qualified set-aside amounts (prior IRS approval require			
Other distributions (describe in Part VI) See instructio			
Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to wh details in Part VI) See instructions	sive (provide		
Distributable amount for 2017 from Section C, line 6			
Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	
	Other distributions (describe in Part VI) See instruction Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to whole details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is respondetails in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i))	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Fycess Distributions Underdistributions

details in Part VI) See instructions			
9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
а			
b From 2013			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			

Schedule A (Form 990 or 990-EZ) (2017)

i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. **b** Excess from 2014. c Excess from 2015. **d** Excess from 2016. e Excess from 2017.

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2017					
Part VI	Section A, lines 1, 2, Part IV, Section D, lir	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, lies 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See			
		Facts And Cırcumstances Test			
990 Sched	dule A, Supplemer	ntal Information			
Ret	urn Reference	Explanation			
Pt II Ln 10		Other Income Part II, Line 10 Description Event income 2013 48744 2014 24660 2015 -2 5015 2016 2963 2017 678 Description Other income 2014 1162 2015 1323 2016 266			

2017 3

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

www.irs.gov/form990. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

OMB No 1545-0047

DLN: 93493229004258

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

EZ)

5

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Independent Women's Forum 54-1670627 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -ndirectly delivered to a separate political organization If none, enter -0-2

(a) 2014

182,260

45,565

(b) 2015

182,550

45,638

(c) 2016

351,182

87,796

(d) 2017

241,268

60,317

Schedule C (Form 990 or 990-EZ) 2017

(e) Total

957,260

1,435,890

239,316

358,974

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Schedule C (Form 990 or 990-EZ) 2017

activity

Volunteers?

Media advertisements?

Return Reference

1

(b)

Amount

(a)

No

Yes

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year Carryover from last year 2b С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

DLN: 93493229004258 OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Open to Public Inspection

	ependent Women's Forum				p	loyer identification flumber
	<u> </u>					670627
Pa	Organizations Maintaining Donor Advi				or Acc	ounts.
	Complete if the organization answered "Ye			sed funds		(b)Funds and other accounts
1	Total number at end of year	(4) 56116	, dav	sea ranas		(b) and other decounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex			ets held in donor ac	dvised fi	unds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					d only for
Pa	rt II Conservation Easements. Complete if th	ne organization a	nswe	red "Yes" on Forr	n 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ	nization (check all	hat a	oply)		
	Preservation of land for public use (e g , recreation	n or education)		Preservation of an	histori	cally important land area
	Protection of natural habitat	•	П	Preservation of a	certified	historic structure
	Preservation of open space		_	Treservation of a		Thistorie structure
,	! !	avalified concentat		ntubutian in the fai	of -	annon vation
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservat	ion co	ntribution in the foi	rm or a_	Held at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
С	Number of conservation easements on a certified histori	c structure include	d ın (a)	2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06,	and n	ot on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uishe	d, or terminated by	the org	anızatıon durıng the
4	Number of states where property subject to conservation	n easement is loca	ted 🕨			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor		spection, handling	of viola	tions,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of v	iolatio	ns, and enforcing co	onserva	
7	Amount of expenses incurred in monitoring, inspecting,	handling of violation	ons, a	nd enforcing conser	vation e	easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the	requir	ements of section 1	70(h)(4	¥)(B)(ı)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the or				tement, and
Par	Complete of the organization answered "Ye				er Sin	nilar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, e	ducat	ion, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
((i) Revenue included on Form 990, Part VIII, line 1					▶ \$
(i	ii)Assets included in Form 990, Part X					▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ncıal ga	
а	Revenue included on Form 990, Part VIII, line 1	,	٠,٠			▶ \$
b	Assets included in Form 990, Part X					▶ \$
	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.		Cat No	52283	D Schedule D (Form 990) 2017

Par		Organizations Maintaining Col	lections of Art, I	Histori	ical T	reasu	ires, or Other	Similar As	sets (continued)
3		g the organization's acquisition, accessio s (check all that apply)	n, and other records	, check	any of	the fo	llowing that are a	significant u	se of it	s collection
а		Public exhibition		d		Loan	or exchange prog	ırams		
b		Scholarly research		е		Othe	r			
С		Preservation for future generations								
4	Provi Part	de a description of the organization's col XIII	llections and explain	how the	ey furt	her the	e organization's ex	xempt purpos	se in	
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than to						nılar	□ Ye	es 🗆 No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ		rm 990	, Part	IV, lı	ne 9, or reporte	ed an amou	nt on I	Form 990, Part
1a		X, line 21. e organization an agent, trustee, custodi ded on Form 990, Part X?	an or other intermed	diary for	contri	bution	s or other assets	not	☐ Ye	es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	ollowing	table			Ar	nount	
c	Begir	nning balance					1c			
d	Addıt	cions during the year					1d			
е	Distr	ibutions during the year					1e			
f	Endır	ng balance					1f			
2 a	Dıd t	he organization include an amount on Fo	orm 990, Part X, line	21, for	escrov	v or cu	stodial account lia	ability?		es 🗆 No
b	If "Ye	es," explain the arrangement in Part XIII	Check here if the e	vnlanat	ion has	s heen	provided in Part \	YIII		
	rt V	Endowment Funds. Complete if					•			· · <u> </u>
			(a)Current year		rior yea		(c)Two years back			(e)Four years back
1a	Beginn	ning of year balance	,	, ,			· · · ·			, , ,
b	Contril	butions								
С	Net inv	vestment earnings, gains, and losses								
d	Grants	or scholarships								
e		expenditures for facilities rograms								
f	Admın	istrative expenses								
g	End of	year balance								
2 a		de the estimated percentage of the curred designated or quasi-endowment	ent year end balance	e (line 1	g, colu	mn (a))) held as	•		
b	Perm	anent endowment 🟲								
С	Temp	porarily restricted endowment >								
	The p	percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
3a	organ	here endowment funds not in the posses	ssion of the organiza	tion tha	t are h	eld an	d administered fo	r the	_	Yes No
		nrelated organizations			•					a(i) a(ii)
b	Ĭf "Y∈	related organizations	·			. ?				3b
4		ribe in Part XIII the intended uses of the		wment	tunds					
Pa	rt VI	Land, Buildings, and Equipme Complete if the organization answ		rm 000	. Dart	- T\/ I	no 11a - Soo Eo	rm 000 Bar	+ V III	20.10
	Descr	iption of property (a) Cost or oth	her basis (b) Cost	t or other						(d) Book value
1a	Land									
b	Buildin	ngs								
		nold improvements								
		ment				20,681		18,013		2,668
	Other							·		·
		lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colui	mn (B)	, line i	10(c))	>		2,668

Part VII	Saa Form GGII Darf Y lina 17				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		Method of valuation end-of-year market value
	al derivatives				
	Tied equity interests				
A)					
(B)					
(C)					
(D)					
(E)					
F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on (a) Description of investment		art IV, line		990, Part X, line 13. Method of valuation
	(a) bescription of investment	(0) 50	ok value		end-of-year market value
(1)					
(2)					
(3)					
4)					
5)					
6)					
(7)					
(8)					
(9) 「otal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete If the organization answere	ed 'Yes' on Forr	n 990, Part	IV, line 11d See	Form 990, Part X, line 15
9) Total. (Column Part IX			n 990, Part	IV, line 11d See	Form 990, Part X, line 15 (b) Book value
9) Total. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
Part IX 1) 2)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answere		n 990, Part	IV, line 11d See	
9) Total. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answere		m 990, Part	IV, line 11d See	
9) Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description		m 990, Part	IV, line 11d See	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization	on .			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (b) must equal Form 990, Part X, col (B) line 15	on .			(b) Book value
(9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answere (a) Description (a) Description (b) Must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answere (a) Description (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization See Form 990, Part X, line 25. (a) Description of liability	on .	es' on Form		(b) Book value

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . . .

Recoveries of prior year grants

Other (Describe in Part XIII)

Subtract line 2e from line 1

Add lines 2a through 2d . .

Part XI

2

а

b

d

e

3

4

Schedule D (Form 990) 2017

1

2e

3

171,108

Page 4

171,108

2,183,643

2,183,643

2,377,242

Schedule D (Form 990) 2017

b	Other (Describe in Part XIII)	4b							
c	Add lines 4a and 4b						4	c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)						5	<u> </u>	
Par	t XII Reconciliation of Expenses per Audited Financial Statem				pei	ises p	er Ret	urn	
	Complete if the organization answered 'Yes' on Form 990, Part	: IV, lı	ne 1	2a.					
1	Total expenses and losses per audited financial statements						1	- [
2	Amounts included on line 1 but not on Form 990, Part IX, line 25								

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2a

2b

2c

2d

4a

Donated services and use of facilities . 2a 2b Prior year adjustments . . 2c c Other (Describe in Part XIII) 2d 171,108 d Add lines 2a through 2d . 2e 171,108 e

3 Subtract line 2e from line 1 . 3 2,206,134 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4h b c 4c 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 2.206.134 Part XIII **Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part Return Reference Explanation

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

See Additional Data Table

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Info		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software Version:

Special event expenses

EIN: 54-1670627

Software ID: 17005306

Name: Independent Women's Forum

Supplemental Information

Pt XI, Line 2d

Return Reference

Explanation

pplemental Information	
Return Reference	Explanation
XII, Line 2d	Special event expenses

Sup

DLN: 93493229004258 OMB No 1545-0047 SCHEDULE G Supplemental Information Regarding (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization **Employer identification number** Independent Women's Forum 54-1670627 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Pa	rt II Fundraising Events. Complet than \$15,000 of fundraising ev gross receipts greater than \$5	ent contributions and							
ne e		(a)Event #1 Women of Valor (event type)	(b) Event #2 (event type)	(c)Other events (total number)	(d) Total events (add col (a) through col (c))				
Revenue	1 Gross receipts	279,528			279,528				
	3 Gross income (line 1 minus line 2)	279,528			279,528				
Direct Expenses	5 Noncash prizes								
Direct E	8 Entertainment	171,108			171,108				
	10 Direct expense summary Add lines 4 th 11 Net income summary Subtract line 10	-		•	171,108				
Pai	Gaming. Complete if the orga on Form 990-EZ, line 6a.		es" on Form 990, Part I	IV, line 19, or reported	108,420 more than \$15,000				
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))				
~ —	1 Gross revenue								
Expenses	2 Cash prizes								
	3 Noncash prizes								
Direct	4 Rent/facility costs								
_	5 Other direct expenses	☐ Yes %	☐ Y es %	☐ Yes %					
	6 Volunteer labor	□ No	□ No	□ No					
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8 Net gaming income summary Subtract	line 7 from line 1, colum	ın (d)	•					
9 a b	Enter the state(s) in which the organization Is the organization licensed to conduct gain If "No," explain		☐ Yes ☐ No						
10a b	Were any of the organization's gaming lice If "Yes," explain	enses revoked, suspende	d or terminated during th	e tax year?	Yes No				

Sche	dule G (Form 990 or 990-EZ) 2017					F	Page 3
L1	Does the organization conduct gaming	activities with nonmember	s [?]		Yes	□ No	
L2	Is the organization a grantor, beneficial formed to administer charitable gamin		member of a partnership or other entity		□Yes		
L3	Indicate the percentage of gaming acti	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the per	son who prepares the orga	nization's gaming/special events books and r	ecords			
	Name •						
	Address >						
.5a	Does the organization have a contract revenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$						
c	If "Yes," enter name and address of the third party						
	Name ►						
	Address ▶						
16	Gaming manager information						
	Name ▶						
	Gaming manager compensation ► \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
.7	Mandatory distributions						
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?						
ь	3 3	ired under state law distrib	uted to other exempt organizations or spent		∟ Yes	□ No	
	in the organization's own exempt activ						
Par			ions required by Part I, line 2b, columr licable. Also provide any additional info				s).
	Return Reference		Explanation				
			<u> </u>	lule G (F	orm 990 or	990-FZ)	2017

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed	Dat	a -	DLN: 934	9322	9004	258	
Sch	nedule J	Compen	sat	ion Information	ОМ	B No	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ► Information about Schedule J (Form 990) and its instructions is at					2017 Open to Public		
•	tment of the Treasury al Revenue Service			g (Form 990) and its instructions is an .gov/form990.	·		ectio		
Nar	ne of the organiza				ployer identificat				
Inde	ependent Women's F	orum		54-	1670627				
Pa	rt I Questi	ons Regarding Compensation							
							Yes	No	
1a		opiate box(es) if the organization provided a ection A, line 1a Complete Part III to provi							
	_	s or charter travel		Housing allowance or residence for pers	sonal use				
		companions	Н	Payments for business use of personal r					
		nification and gross-up payments	H	Health or social club dues or initiation fe					
	☐ Discretion	nary spending account	ш	Personal services (e g , maid, chauffeur	r, chef)				
b		xes in line 1a are checked, did the organiza all of the expenses described above? If "No,			or reimbursement	1 b			
2		ation require substantiation prior to reimbu			,	2			
	directors, truste	ees, officers, including the CEO/Executive D	irecto	r, regarding the items checked in line 1a	,				
3		If any, of the following the filing organization							
		EO/Executive Director Check all that apply ed organization to establish compensation o			art III				
		ation committee	Н	Written employment contract					
		ent compensation consultant of other organizations	H	Compensation survey or study Approval by the board or compensation	committee				
		-							
4	During the year related organiza	r, did any person listed on Form 990, Part V ation	II, Se	ection A, line 1a, with respect to the filing	organization or a				
а	-	ance payment or change-of-control payme	nt?			4a		No	
ь		r receive payment from, a supplemental no		lified retirement plan?		4b		No	
С	•	r receive payment from, an equity-based co	-	·		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and provide th	ne ap	plicable amounts for each item in Part III					
		, .,							
_		1), 501(c)(4), and 501(c)(29) organization		-					
5		ed on Form 990, Part VII, Section A, line 1a ontingent on the revenues of	i, ala	the organization pay or accrue any					
а	The organization	n?				5a		No	
b	Any related orga					5b		No	
	If "Yes," on line	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A, line 1a ontingent on the net earnings of	a, dıd	the organization pay or accrue any					
а	The organization	n?				6a		No	
b	Any related orga					6b		No	
	•	6a or 6b, describe in Part III							
7		ed on Form 990, Part VII, Section A, line 1a escribed in lines 5 and 6? If "Yes," describe				7		No	
8		ints reported on Form 990, Part VII, paid or nitial contract exception described in Regula			ibe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follow the rebut	ttable	presumption procedure described in Reg	ulations section	9		No_	
Ear I	Danarwark Badı	uction Act Notice, see the Instructions	for E	orm 990 Cat No 5005	3T Schedule 1		, 000)	2017	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) reported (i) Base (ii) Bonus & incentive (iii) Other as deferred on prior compensation reportable compensation compensation Form 990 compensation 102,083 1 AMBER SCHWARTZ | (i) | 63,000 165,083

١٠٠/		 		 	
(ii)					

Schedule J (Form 990) 2017 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN:	93493229004258		
CCHEDIII	E 0	Sunnlament	al Informatio	on to Form 990 or 9	90 EZ	OMB No 1545-0047	
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.					
Internal Revenue Se Name of the org Independent Wome					Employer ident 54-1670627	ification number	
990 Schedule	e O, Supp	lemental Informatio	n				
Return Reference				Explanation			
Pt VI, Line 11b	The Presid	dent and Executive Vice P	resident review the				

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line 990 A copy of the 990 is provided to the board and

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line outside counsel for review and comments prior to filing

Return Explanation

990 Schedule O, Supplemental Information

Reference	
Pt VI, Line	The Finance Committee along with the Chairman of the Board make salary recommendations for

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line President and Executive Vice President based on

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line performance and comparative salary data. The

15a

Return Explanation
Reference

990 Schedule O, Supplemental Information

Reference
Pt VI, Line recommendation is brought to the full board for approval

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line

15b

The President and Executive Vice President

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Pt VI, Line make salary decisions for IWF staff based on performance

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line and comparative salary data from other non-profit

15b

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line organizations The board of directors review and

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line

15b

approve an operating budget with all salaries and

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line estimated major expenses for each year

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Pt VI, Line	Board members and staff are given the policy and asked to
120	

990 Schedule O, Supplemental Information Return Explanation Reference

Reference
Pt VI, Line confirm that there are no conflicts, or if there are, to

990 Schedule O, Supplemental Information Return Explanation

Reference	
Pt VI, Line	address them with the board. The review is ongoing via

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line review of the invoices/financial data

990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line 19 The referenced documents are available upon request

990 Schedule O, Supplemental Information Return Explanation Reference Pt VI, Line 2 The Treasurer and President are father/daughter

990 Schedule O, Supplemental Information Return Explanation Reference State registrations 10024 0 0 10024 Part IX, Line

Form 990,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Bank service charge 8843 0 8843 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Postage/printing 3565 1717 680 1168

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990, Cable/telephone 10279 8132 1661 486 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Social networking 22415 22415 0 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part IX, Line
Production/podcast services 10996 10947 49 0

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Communications 6896 6896 0 0 Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Miscellaneous 1207 0 1207 0

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Storage 1760 1392 285 83 Part IX, Line